



**Designation of Beneficiary**  
**Federal Employees' Group Life Insurance (FEGLI) Program**  
(DO NOT erase or cross-out. Use a new form.)

Form Approved  
OMB No. 3206-0136

**Important:**  
Read instructions on the  
Back of Part 2 before completing this form.

**A. Information About the Insured (not the Assignee, if there is one) (type or print)**

Name of Insured (Last, first, middle)		Date of birth of Insured (mm/dd/yyyy)	Social Security Number of Insured
The Insured is: <i>Place an "X" in the appropriate box.</i>	<input checked="" type="checkbox"/> an employee <input type="checkbox"/> a retiree <input type="checkbox"/> a compensationner	If the Insured is retired or receiving Federal Employees' Compensation, give CSA, CSI, or OWCP claim number:	
Department or agency where the Insured works (If retired, last department or agency where the Insured worked):			
Department or agency <div style="text-align: center;">US ARMY</div>		Bureau or division	Location (city, state, and ZIP code) <div style="text-align: center;">FORT GORDON, GA 30905</div>

**B. Information About the Beneficiary or Beneficiaries (See Back of Part 1 for examples) (type or print)**

First name, middle initial, and last name of each beneficiary	Social Security Number	Address (Including ZIP code)	Relationship	Percent or fraction designated
Total (Must equal 100% or 1.0) (Do not use dollar amounts) <span style="float: right;">→</span> (Do not put a Total if you designated types of insurance. See example 4 on Back of Part 1.)				100%

**C. Statement of Insured or Assignee (type or print)**

Your name and address (Including ZIP code)  -----  -----  -----	Please check one: I am:  <input checked="" type="checkbox"/> the Insured <input type="checkbox"/> an Assignee  <i>See Back of Part 2 for definitions</i>	Please check all three:  <input checked="" type="checkbox"/> I have not assigned the insurance. <input checked="" type="checkbox"/> Two people who witnessed my signature signed below. <input checked="" type="checkbox"/> I did not name either witness as a beneficiary.
<div style="display: flex; justify-content: space-between;"><div style="width: 48%;">I understand that if there is a valid assignment on file, only the assignee has the right to designate a beneficiary. If a valid assignment is not on file, but there is a valid court order on file with the agency or the U.S. Office of Personnel Management, as appropriate, any designation I complete for the same benefits is not valid.</div><div style="width: 48%;">I understand that if this Designation is invalid for any reason, the Office of Federal Employees' Group Life Insurance will pay benefits according to the next most recent valid designation. If there isn't one, it will pay according to the order listed on the Back of Part 2.</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 48%;">I understand that if this Designation is valid, it will stay in effect unless it is canceled. (See "When Is A Designation Canceled?" on the Back of Part 2).</div><div style="width: 48%;">I am canceling any and all previous Designations of Beneficiary under the Federal Employees' Group Life Insurance Program and am now designating the beneficiary(ies) named above.</div></div>		

Signature of Insured/Assignee (Only the Insured/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.) This form is not valid unless the Insured/Assignee signs in this box.	Date (mm/dd/yyyy)
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**D. Witnesses To Signature (A witness is not eligible to receive a payment as a beneficiary.)**

Signature of witness	Address (Including ZIP code) 307 Chamberlain Avenue, Fort Gordon, GA 30905
Signature of witness	Address (Including ZIP code) 307 Chamberlain Avenue, Fort Gordon, GA 30905

**E. For Agency Use Only**

Receiving agency FORT GORDON CPAC	Date of receipt (mm/dd/yyyy)	Signature of authorized agency official	Title Human Resources Specialist
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